

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/589207		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			/			
2	/		/				52			/			
3	/		/				53			/			
4			/				54			/			
5			/				55			/			
6			/				56		/				
7			/				57			/			
8			/				58			/			
9			/				59			/			
10			/				60			/			
11			/				61			/			
12	/		/				62		/				
13			/				63			/			
14			/				64			/			
15	/		/				65			/			
16			/				66			/			
17			/				67			/			
18			/				68			/			
19			/				69			/			
20			/				70			/			
21			/				71			/			
22			/				72						
23			/				73						
24			/				74						
25			/				75						
26	/		/				76						
27	/		/				77						
28	/		/				78						
29	/		/				79						
30	/		/				80						
31	/		/				81						
32	/		/				82						
33	/		/				83						
34	/		/				84						
35			/				85						
36			/				86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.	14	↓		↓		↓	TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	21	←		←		←	TOTAL DEP.		←	33	←		←
TOTAL CLAIMS	35						TOTAL CLAIMS			38			